



APPLICATION for a BUSINESS REGULATORY LICENSE

CITY OF ALTON, ILLINOIS

Alton City Treasurer

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

Email: licensing@cityofaltonil.com

Fax: (618) 463-3520

Website: www.cityofaltonil.com

PRINT OR TYPE ONLY

ALL INDEBTEDNESS TO THE CITY MUST BE PAID IN FULL BEFORE ANY REGULATORY LICENSE IS ISSUED. THE FIRE DEPARTMENT WILL CONDUCT SAFETY INSPECTIONS AND BACKGROUND INVESTIGATIONS WILL BE CONDUCTED BY THE POLICE DEPARTMENT ON ALL APPLICATIONS. PUBLIC WORKS, IF APPLICABLE, AND ANY OTHER APPROVALS MAY BE REQUIRED. A BUSINESS LICENSE CANNOT BE ISSUED FOR A NEW BUSINESS OR FOR A CHANGE OF LOCATION UNTIL **FIRST APPROVED BY THE ZONING DEPARTMENT LOCATED IN SUITE 202.**

FOR QUESTIONS ABOUT THIS APPLICATION CALL: **(618)463-3540**

FOR QUESTIONS ABOUT ZONING LAWS OR SIGN PERMITS CALL: **(618)463-3533**

IF YOUR BUSINESS SELLS FOOD, YOU MUST CONTACT MADISON COUNTY HEALTH DEPT: **(618)692-8954**

LOCATED IN ALTON SQUARE MALL BUSINESS DISTRICT: **Y / N**

BUSINESS INFORMATION:

BUSINESS LICENSE ID: _____

BUSINESS NAME: _____ **/dba:** _____

IS THIS BUSINESS INCORPORATED? _____ NAME OF CORPORATION: _____

ACTUAL BUSINESS STARTUP DATE: MONTH: _____ DAY: _____ YEAR: _____

WEBSITE: _____ **NUMBER OF FULL-TIME EMPLOYEES:** _____

ILLINOIS STATE TAX ID NUMBER OR SSN: _____

BUSINESS ADDRESS (PHYSICAL LOCATION): _____

City: _____ State _____ ZIP: _____ Phone: _____ Fax: _____

BILLING/MAILING ADDRESS: _____

City: _____ State _____ ZIP: _____ Phone: _____ Fax: _____

BUSINESS OWNER INFORMATION: (Please attach a copy of Driver's License, information to be used by Police Department only)

LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE NAME:** _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP:** _____ **MOBILE:** _____ **HOME:** _____

DRIVER'S LICENSE NUMBER/I.D.: _____ **SSN:** _____

E-MAIL: _____ **DOB:** _____ **GENDER:** _____

LOCAL CONTACT INFO: (Please attach a copy of Driver's License, information to be used by Police Department only)

LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE NAME:** _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP:** _____ **MOBILE:** _____ **HOME:** _____

DRIVER'S LICENSE NUMBER/I.D.: _____ **SSN:** _____

E-MAIL: _____ **DOB:** _____ **GENDER:** _____

DESCRIPTION OF BUSINESS: (Application will not be processed without DETAILED DESCRIPTION of this information)

SIGNATURE OF OWNER OR RESPONSIBLE PARTY: _____

PRINTED NAME: _____ **DATE:** _____



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TYPE OF APPLICATION:

NEW BUSINESS: _____ CHANGE OF OWNERSHIP: _____ EXISTING BUSINESS; CHANGE OF ADDRESS: _____

WILL THIS BUSINESS BE LOCATED IN A RESIDENTIAL (HOME OCCUPATION) OR COMMERCIAL AREA? _____

PROPERTY OWNER INFORMATION:

NAME: _____ ADDRESS: _____

TELEPHONE: _____ OWN OR LEASE SPACE: _____ # OF PARKING SPACES: _____

SQUARE FOOTAGE AMOUNT BUSINESS WILL OCCUPY IN BUILDING: _____ # OF HANDICAPPED ACCESSIBLE SPACES: _____

OUTDOOR STORAGE (PLEASE DESCRIBE): _____

SIGNAGE (PLEASE DESCRIBE): _____

IMPROVEMENTS/REHABILITATION OF BUILDING (PLEASE DESCRIBE): _____

PROPERTY OWNER INFORMATION:

ZONED: _____

NAICS CODE(S) OF BUSINESS: _____

PLANNING DEPARTMENT APPROVAL (INITIALS): _____

BUSINESS EMERGENCY CONTACT INFORMATION

(This information is kept confidential and is for Alton Police Dept. use only)

BUSINESS HOURS: _____

**** EMERGENCY CONTACT PERSON: Only key holders should be listed**

1. Name: _____ DOB: _____

First, Middle, Last

MM/DD/YY

Position: _____

Constituent-Owner/Manager/Employee

Home Address: _____

Street

City, State

ZIP

Home Phone: _____ Business Phone: _____

E-mail: _____ Cellular: _____

APPROVALS REQUIRED:

PLANNING	AFD	APD	INS	PW	F&B	COMPT	COUNCIL	MAYOR	AFD/TAXI	CLERK
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AFFIDAVIT

I _____, d/b/a _____,
have completed and submitted an application for a Business License in the City of Alton, Illinois, with the knowledge that this does not indicate that I have been licensed to operate this business. The business will not be licensed until all inspections have been completed and approved.

Signature: _____

Owner

Date

For office use only:

Signature

Date

Approve _____

Denied _____



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Please complete the following section if you intend to operate your business **OUT OF YOUR HOME**.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

PARCEL ID OF THE PROPERTY: _____

ZONING CLASSIFICATION OF THE PROPERTY (SEE BUILDING & ZONING DEPARTMENT): _____

Please check the type of business that you intend to operate at this location:

_____ Artist or Sculptor

_____ Author or Composer

_____ Childcare (not more than three (3) children unrelated to the occupant of the home)

_____ Data Entry or Similar Computer Work

_____ Dressmaking, Seamstress, or Tailor

_____ Home Crafts (Model Making, Rug Weaving, Lapidary Work, and Ceramics)

_____ Office of a Minister, Priest, or Similar Person Associated with a Religious Organization

_____ Office of a Salesman, Sales Representative, or Manufacturer's Representative (provided that no retail or wholesale transactions are made on the premises)

_____ Telephone Sales or Similar Telephone Related Uses

_____ Uses which do not involve retail or wholesale sales transactions on the premises, employment of persons other than the occupants of the dwelling, any greater assembly, processing, or fabrication operations

Date Occupancy Permit was issued for this Address (See Building and Zoning Department): _____

Please List the Names of Employees (if applicable) _____



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AFFIDAVIT (OPERATING OT OF YOUR HOME)

I _____, d/b/a _____,

Attest that I will comply with the following requirements. I further understand that failure to comply with the following statements could cause the revocation of my business license and could result in fines levied against myself or my business.

- This home occupation shall be conducted within the dwelling which is the bona fide residence of the principal practitioner or in any building accessory thereto which is normally associated with a residential use.
- No stock in trade shall be displayed or sold on the premises.
- No alterations to the exterior appearance of the principal residential building or premises shall be made which changes the character thereof as a residence.
- No outside display of goods or outside storage of equipment or materials used in the home occupation shall be permitted.
- No persons other than a member of the immediate household occupying such dwelling shall be employed on the premises.
- The use of the dwelling unit for this home occupation shall be clearly incidental and subordinate to its use for residential purposes by its occupants, and shall under no circumstances change the residential character thereof.
- No traffic shall be generated by this home occupation in greater volumes than would normally be expected in a residential neighborhood and any need for parking generated by the conduct of this home occupation shall be met off the street, except for brief periods.
- No equipment or process shall be used in this home occupation which creates noise, vibration, glare, fumes, odors, or electrical interference detectable to the normal senses off the premises. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any radio or television receivers off the premises.
- No signs accessory to this home occupation shall be displayed except for a single identification sign not more than one square foot in size.
- This home occupation shall be subject to all applicable city occupational licenses and permits.

Signature

Date